

**SUMMARY OF SUBSTANTIVE CHANGES TO THE BYLAWS RULES AND REGULATIONS AND
COMMITTEE MANUAL – 2003**

Medical Staff Bylaws

Page(s)	Rational for Change
Page 5, I.B.	Language was added to meet Centers for Medicare and Medicaid Services (CMS) standard, 22 C.C.R 70706.1(b) states that physician's assistants must apply to and be approved by the MEC.
Page 5, XI.	Changed Medical Staff Year from Fiscal to Calendar year to coincide with Medical Staff Department and Committee reporting.
Page 8, 3.5	Language was added to Medical Staff Members Responsibilities as recommended by California Medical Association (CMA) Model Bylaws.
Page 11, 4.5-1	Language was added as recommended by CMA Model Bylaws.
Page 11, 4.6-2	Language was added to comply with Provisional category.
Page 12, 4.7A-5 & 4.6-4	Language was added to comply with Provisional category.
Page 13, 4.7B-3	Language was added to comply with Provisional category.
Page 13, 4.8-2	Category was added as recommended by the Medical Executive Committee.
Page 14, 5.1-7, 5.1-9 and 5.1-10	Language was transferred from the Proctoring Section. Minor language changes.
Page 17, 5.5-3, 5.5-4	Language was added to recognize that some specialties do not have DEAs. Special categories of cardiopulmonary resuscitation are outlined.
Page 17, 5.5-10, 5.5-15 and 5.5-16	Language was added in order to be in compliance with the American Osteopathic Association (AOA) standards 3.01.15.
Page 24, 5.12	Behavioral Health was deleted as an Exclusive Service as requested by Administration.
Page 27, 6.5	Revised criteria in order to meet the standard for low volume procedures.
Page 27, 6.6-8	Change in proctoring. Language added to include a statement that 50% of proctoring must be done at ARMC in order to complete the proctoring process.
Page 28, 6.7-6.9	Transferred Provisional language out of proctoring category - 5.1-7, 5.1-9 and 5.1-10.
Page 31, 7.2-1	Added "Regulations".
Page 34, 7-5.3	Revised language for medical record completion to be consistent with hospital policy and Medical Staff Rules and Regulations.
Page 43, 8.9	Language was added to meet CMS standard under 45 C.F.R 60.14 (b)(3), individuals seeking to formally dispute the National Practitioner Data Base (NPDB) report are to attempt to enter into discussions with the reporting entity. This section provides a process for handling disputes regarding NPDB or Medical Board of California (MBC) reports uniformly.
Page 44 and 45, 9.1-1 and 9.7-14	Added Immediate Past President as an Officer and duties as recommended by the CMA Model Bylaws.
*Page 47, 10.1-4 and 10.1-5	Deleted the Department of Community Medicine and added Geriatric Medicine as a Section of Family Medicine.
Page 47, 10.1-9 & 10.1-11	Deleted the Department of Rehabilitation Medicine and added Rehabilitation Medicine as a Section of Orthopedics.
Page 48, 10.2	Language was added as recommended by the CMA Model Bylaws.
Page 50, 10.5-2	Language was revised to be in compliance with PI reporting program.
Page 51, 11.1	Added appointment of a Vice Chair to conduct business of committee in the absence of the Chair.
Page 54, 11.5	Committee composition revised.
Page 55, 12.2-2	Added language to allow committee business by telephone or email conference. This language was recommended by the CMA Model Bylaws and California Healthcare Association.
Page 58, VII	Language was added to be in compliance with CMS 45 C.F.R. 60.13, information reported to and received from the NPDB is confidential and is to be used solely for the purposed intended.

Medical Staff Rules and Regulations

Page(s)	Rational for Change
Page 2, 1.4 and 1.5	Complete section was revised to be consistent with Hospital Standard Practice Policy.
Page 3, 2.5	Added language regarding Medical Students, supervision and medical record documentation.
Page 7, 4.8 A)	Recommend that symbols and abbreviations be approved annually.
Page 8 – 9, Section 5	Complete section was revised to be consistent with Hospital Standard Practice Policy.
Page 10, Section 5.3 II), A.4	Revised wording to be in consistent with Pharmacy & Therapeutics Committee.
Page 12, Section 12	Complete section was revised to be consistent with Hospital Standard Practice Policy.
Page 3, Section 14	Deleted Community and Rehabilitation Medicine from services as recommended by the Medical Director and Medical Executive Committee. These services will be under other Departments as Sections.
Page 16, Section 17.1	Environment of Care Council Committee is now the Safety Committee.

Medical Staff Committee Manual

Page(s)	Rational for Change
Page 2, Section 1 A.	Delete County Counsel from the composition of the Bylaws Committee. County Counsel will be an advisory body to the Bylaws Committee not an official member of the committee.
Page 3, Section 2 B, f.	Language was added to be in compliance to Standard 21 of CMA...The library is evaluated periodically to determine the continuing quality and relevancy of materials by the Continuing Medical Education Committee.
Page 6, Section 7	Added Administrative staff and County Counsel to JCC composition.
Page 7, Section 8, B 4	Revised meeting frequency as recommended by the CMA Model Bylaws.
Page 8, Section 12.0	Changed name and revised composition of the committee. Noted that a Performance Improvement representative was added to all sub-committees of Quality Management Committee (QMC).
Page 10, applicable to all subsections of 12.0	Revised reporting requirement to quarterly as required by CMS 22 CCR 70703 and AOA which requires reports as needed but at least quarterly to the Medical Executive Committee and Governing Body.
Page 10, Section 12.2	Added Performance Improvement and Nutrition Services as a member of the P&T Committee
Page 11, Section 12.2 B 10 and 11	Language was added as recommended by the AOA Standards 3.11.05, 3.11.06, and 3.11.08.
Page 16, Section 12.9 A	Added Director of Trauma Services as an individual who could chair the meeting.